

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814



September 1, 1988

ALL COUNTY LETTER NO. 88-113

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED FOOD STAMP FORM: DFA 377.7A (8/88), NOTICE OF ADMINISTRATIVE DISQUALIFICATION

REFERENCE: ALL COUNTY WELFARE DIRECTORS LETTER DATED  
AUGUST 28, 1987

The purpose of this letter is to transmit a camera ready copy of the DFA 377.7A (8/88) Notice of Administrative Disqualification, the revised form instructions, and other related information. The form was revised as a joint effort by the AFDC and Food Stamp Policy Implementation Bureau and the CWDA Forms Subcommittee.

Revisions to the DFA 377.7A (8/88) and to the eligibility worker instructions were necessary primarily due to food stamp regulation changes concerning the Administrative Disqualification Hearing Waiver and Disqualification Consent Agreement (RDB #0786-32), effective October 1, 1987. Other revisions to both the form and instructions include nonsubstantive changes, such as restructuring for clarity and consistency.

The Administrative Disqualification Hearing Waiver and Disqualification Consent Agreement regulations package implemented provisions giving County Welfare Departments (CWDs) the option of allowing accused individuals to sign Disqualification Consent Agreements in cases of deferred adjudication (MPP 20-300.2). It also allows an individual to waive rights to an Administrative Disqualification Hearing by signing an Administrative Disqualification Hearing Waiver (MPP 22-202.2).

Implementation

A camera ready copy of the DFA 377.7A (8/88) is provided for local reproduction because stock is not expected to be available in the DSS Warehouse prior to November 1, 1988. Current stock will be obsolete because it does not allow for notifying individuals of disqualification based on a Disqualification Consent Agreement or an Administrative Disqualification Hearing Waiver. Counties should implement as soon as possible, but not later than January 1, 1989.

### Foreign Language Translation

The DFA 377.7A will be translated into the five standard languages. These will be provided as "Master Only". They will not be stocked in the DSS Warehouse. Translations will be available in approximately two months.

### Changes to the Form

- o Check boxes have been added to allow for notification of disqualification based on the:
  1. Disqualification Consent Agreement
  2. Administrative Disqualification Hearing Waiver
  3. Implementation of a disqualification which was established in another state or county
- o Some of the AFDC (Turner) Notice of Action format principles have been incorporated.
- o Language on the form has been simplified.
- o The appropriate regulation cites are preprinted.
- o A comments section has been added.

### Form Instructions

- o Form instructions have been revised to reflect changes to the form resulting from regulation changes and the changes listed above. These instructions supersede the instructions in the Food Stamp Handbook, Section 63-1230, DFA 377.7A (3/84).
- o Vertical lines identify changes or additions to the form instructions.

If you have any questions regarding this letter or the attachments, please contact Donna Roussan, AFDC and Food Stamp Policy Implementation Bureau, at (916) 323-2865 or ATSS 473-2865.



*for* ROBERT A. HOREL  
Deputy Director

Attachments

cc: CWDA

DFA 377.7A (8-88)

Forms Instructions  
(for the Eligibility Worker)

NOTICE OF ADMINISTRATIVE DISQUALIFICATION

Purpose

The DFA 377.7A is used by the county to notify an individual that he/she has been found to have committed an Intentional Program Violation, signed a Disqualification Consent Agreement, or signed an Administrative Disqualification Hearing Waiver. It tells how he/she will be disqualified and provides information to the rest of the household concerning its eligibility for food stamps during the disqualification period.

The back of the DFA 377.7A explains the rest of the household's right to request a state hearing if it disagrees with the amount of food stamp benefits it will receive during the disqualification period.

NOTE: If the household has reported a change in circumstances which also affects its benefit level, this change must be computed separately from the disqualification. A Notice of Change (DFA 377.4) showing the change in circumstances must be attached to the DFA 377.7A when: (1) the change in benefits due to the change in circumstances and the change in benefits due to the disqualification are effective the same date, and (2) sufficient time exists for the Notice of Change to be issued on a timely basis. The Notice of Administrative Disqualification must show only the benefit level resulting from excluding the disqualified individual.

Preparation

The DFA 377.7A should be completed and sent to the individual found to have committed an Intentional Program Violation and individuals who have signed a Disqualification Consent Agreement or an Administrative Disqualification Hearing Waiver. This notice need not be issued 10 days before the effective date of the disqualification but must be sent in sufficient time for the individual to receive the notice before the disqualification period begins. Complete an original and two copies of the DFA 377.7A entering the following identifying information:

- Head of household name and mailing address
- Notice date
- Case
  - Name
  - Number
- Worker
  - Name
  - Number
  - Telephone number
  - Address

### Disqualification Action

Check the first box if the individual was found to have committed an Intentional Program Violation at a state hearing.

Check the second box if the individual was found to have committed an Intentional Program Violation by a court of law.

Check the third box if the individual signed a Disqualification Consent Agreement. Enter the date the agreement was signed.

Check the fourth box if the individual signed an Administrative Disqualification Hearing Waiver. Enter the date the waiver was signed.

Check the fifth box if the individual was found to have committed a violation in another state or county and the penalty is now being imposed. Enter the name of the state or county in which the disqualification occurred.

### Disqualification Penalty

Indicate whether it is the individual's 1st, 2nd, or 3rd violation in the sentence that reads "This is your \_\_\_\_\_ violation....".

Check the appropriate box and enter the specific information concerning the individual's disqualification period.

- Check the first box if the household is currently otherwise eligible to participate in the Program and this is the first or second violation. Enter the effective date of the disqualification and the number of months the disqualified individual will not receive food stamp benefits.
- Check the second box if the household is not currently otherwise eligible to participate in the Program and this is the first or second violation. Enter the number of months the disqualified individual will not receive food stamp benefits.
- Check the third box if the individual has been permanently disqualified. Enter the date of the disqualification. This box should only be checked if it is the third violation

Notice to the Other Members of Your Household (This section is completed only if there are other members in the household).

If the household's certification has not ended, check the box that begins "Because \_\_\_\_\_....". Enter the name of the disqualified individual.

- To advise the rest of the household of their benefits after discontinuing the disqualified individual, check the box that begins "Your Food Stamps will change...". Enter the old and new benefits and the effective date of the change.
- If there is a reported change which also affects the benefit amount, check the box that begins "But, since you reported...". Enclose a DFA 377.4 (Notice of

Change) to explain the change. If the household requests a state hearing on the benefit level shown on the Notice of Change, benefits will continue pending the hearing at the level shown on the Notice of Administrative Disqualification (DFA 377.7A).

- If the household is no longer eligible for food stamps as a result of excluding the disqualified individual from the benefit computation, check the box that begins "Your Food Stamps will stop...". Enter the effective date of the change.

If the household's certification period has expired, check the box that begins "Your certification period...". Enter the name of the disqualified individual.

#### Comments

- Use this section to provide the household with any additional information.

#### Rules

The applicable specific manual section(s) for the above action(s) have been preprinted.

#### Distribution

The original and one copy are provided to the disqualified individual. The second copy is filed in the case record.

**NOTICE OF  
ADMINISTRATIVE DISQUALIFICATION**

Notice Date :  
Case :  
Name :  
Number :  
Worker :  
Name :  
Number :  
Telephone :  
Address :

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** You cannot appeal the disqualification action in a state hearing. If you think the new amount of food stamps for the other members of your household is wrong, you can ask for a hearing. The back of this page tells how. Most often the new amount will not change unless the hearing decision changes it.

**DISQUALIFICATION ACTION**

The following action disqualified you from the Food Stamp Program:

- ☐ A state hearing decision found you committed an intentional program violation.
- ☐ A court decision found you committed an intentional program violation.
- ☐ You signed a Disqualification Consent Agreement on \_\_\_\_\_.
- ☐ You signed an Administrative Disqualification Hearing Waiver on \_\_\_\_\_.
- ☐ You were disqualified from the Food Stamp Program in \_\_\_\_\_.

(LOCATION)

A copy of the above action was sent or given to you. If a state hearing decision found you committed an intentional program violation, the state or federal government may still prosecute you in court.

**DISQUALIFICATION PENALTY**

The disqualification penalties are 6 months for the first violation, 12 months for the second violation, and permanent disqualification for the third violation.

This is your \_\_\_\_\_ violation, which means:

- ☐ You cannot get food stamps as of \_\_\_\_\_ for \_\_\_\_\_ months.
- ☐ You cannot get food stamps for \_\_\_\_\_ months. Since you are not eligible now, this penalty will start when you reapply and are otherwise eligible.
- ☐ You have been permanently disqualified from the Food Stamp Program, as of \_\_\_\_\_.

**NOTICE TO THE OTHER MEMBERS OF YOUR HOUSEHOLD**

- ☐ Because \_\_\_\_\_ was disqualified from the Food Stamp Program:
  - ☐ Your food stamps will change from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ as of \_\_\_\_\_.
  - ☐ But, since you reported a change, your food stamps will be different. The enclosed Notice of Change shows the amount you will get.
  - ☐ Your food stamps will stop as of \_\_\_\_\_. As a result of this disqualification, your income is too high. You may reapply when the disqualification period ends or if circumstances change.
- ☐ Your certification period has ended. You may reapply at any time. Food stamps may be different because \_\_\_\_\_ was disqualified.

IMENTS:

**Rules:** These rules apply. You may review them at your welfare office: 20-300.221(c), 20-300.3, 22-003.11, 63-804.1, 63-805.1